

8-27-07

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PTO/SB/21 (04-07)

Approved for use through 09/30/2007. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	00/038,939 <b>10/038,939</b>
Filing Date	January 4, 2002
First Named Inventor	Robert M. Fitzgerald
Art Unit	2618
Examiner Name	Blane J. Jackson
Attorney Docket Number	10105.002

**ENCLOSURES (Check all that apply)**

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to TC<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify<br>below):<br>- Request for Examiner Interview<br>- <i>Rejection Form</i> |
|--|--|---|

Remarks

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Law Office of Chad C. Soliz, LLC		
Signature	<i>Chad C. Soliz</i>		
Printed name	Chad C. Soliz		
Date	August 24, 2007	Reg. No.	47,101

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	<i>Chad C. Soliz</i>		
Typed or printed name	Chad C. Soliz	Date	August 24, 2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Express Mail No.: **EB629806749US**  
Attorney Docket: 10105.002

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IN THE UNITED STATES PATENT AND  
TRADEMARK OFFICE

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In Re the Application of: Robert M. Fitzgerald  
Application No.: 10/038,939  
Filing Date: January 4, 2002  
Title: CORDLESS TELEPHONE HEADSET SYSTEM  
Assignee: Fitzcom, Inc.

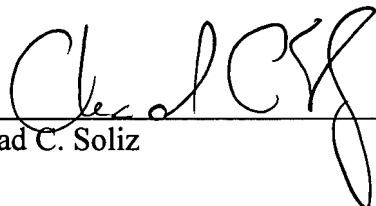
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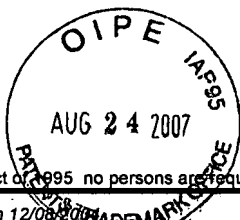
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1. I am an employee, agent or member of the Law Office of Chad C. Soliz, LLC, 1401 South Taft Avenue, Suite 202, Loveland, Colorado, 80537.
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Dated this 24 day of August, 2007.

  
\_\_\_\_\_  
Chad C. Soliz



PTO/SB/17 (07-07)

Approved for use through 06/30/2010. OMB 0651-0032  
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Effective on 12/08/2007  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**  
**For FY 2007**☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 610.00**Complete if Known**

Application Number	<del>09/038,939</del> 10/038,939
Filing Date	January 4, 2002
First Named Inventor	Robert M. Fitzgerald
Examiner Name	Blane J. Jackson
Art Unit	2618
Attorney Docket No.	10105.002

**METHOD OF PAYMENT** (check all that apply)☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☐ Deposit Account Deposit Account Number: \_\_\_\_\_ Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 (including Reissues)

Fee (\$)	<u>Small Entity</u> Fee (\$)
50	25

Each independent claim over 3 (including Reissues)

200	100
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Multiple dependent claims

360	180
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Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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Multiple Dependent Claims	
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\_\_\_\_\_ - 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

Fee (\$)	Fee Paid (\$)
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HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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\_\_\_\_\_ - 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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\_\_\_\_\_ - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

**Fees Paid (\$)**

Other (e.g., late filing surcharge): Excess claim fee for newly added claims, petition for ext time fee. \$610.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 47,101	Telephone 970-461-9375
Name (Print/Type)	Chad C. Soliz	Date August 24, 2007	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Express Mail No.: **EA 62980674945**  
Attorney Docket: 10105.002

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IN THE UNITED STATES PATENT AND  
TRADEMARK OFFICE

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In Re the Application of: Robert M. Fitzgerald  
Application No.: 10/038,939  
Filing Date: January 4, 2002  
Title: CORDLESS TELEPHONE HEADSET SYSTEM  
Assignee: Fitzcom, Inc.

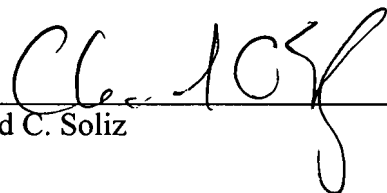
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Dated this 21 day of August, 2007.

  
\_\_\_\_\_  
Chad C. Soliz



Express Mail No.: **EB 629806749US**  
Attorney Docket: 10105.002

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2. I have this day deposited the attached Amendment and Request for Reconsideration under 37 C.F.R. section 1.111 (21 pages) with the United States Postal Service as Express Mail, postage prepaid, for mailing to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated this 24 day of August, 2007.

  
\_\_\_\_\_  
Chad C. Soliz



Express Mail No.: EB 62980674945  
Attorney Docket: 10105.002

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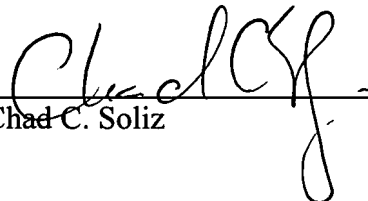
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Dated this 24 day of August, 2007.

  
\_\_\_\_\_  
Chad C. Soliz



## Applicant-Initiated Interview Request Form

Application No.: 10/038,939  
Examiner: Blane J. Jackson First Named Applicant: Robert M. Fitzgerald  
Art Unit: 2618 Status of Application: Non-Final OA

### Tentative Participants:

(1) Chad C. Soliz, Attorney (2) Robert M. Fitzgerald, Inventor  
(3) Blane J. Jackson, Examiner (4) \_\_\_\_\_

Proposed Date of Interview: September 12, 2007 Proposed Time: 9AM (AM/PM)

### Type of Interview Requested:

(1) ☐ Telephonic (2) ☒ Personal (3) ☐ Video Conference

Exhibit To Be Shown or Demonstrated: ☒ YES ☐ NO

If yes, provide brief description: Analysis of pivotal rotation and hand-held configuration.

## Issues To Be Discussed

Issues (Rej., Obj., etc)	Claims/ Fig. #s	Prior Art	Discussed	Agreed	Not Agreed
(1) <u>103 Rejection</u>	<u>1-71</u>	<u>Hall et al.</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) <u>103 Rejection</u>	<u>3, 4, 42, 43</u>	<u>Poon</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Continuation Sheet Attached					

### Brief Description of Arguments to be Presented:

Analysis of the present invention in light of pivotal rotation from head-worn to hand-held configuration, with demonstration, and operation of prior art; lack of obviousness.

An interview was conducted on the above-identified application on \_\_\_\_\_.

**NOTE:** This form should be completed by applicant and submitted to the examiner in advance of the interview (see MPEP § 713.01).

This application will not be delayed from issue because of applicant's failure to submit a written record of this interview. Therefore, applicant is advised to file a statement of the substance of this interview (37 CFR 1.133(b)) as soon as possible.

\_\_\_\_\_  
Applicant/Applicant's Representative Signature

Chad C. Soliz

\_\_\_\_\_  
Typed/Printed Name of Applicant or Representative

47,101

\_\_\_\_\_  
Registration Number, if applicable

\_\_\_\_\_  
Examiner/SPE Signature

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Express Mail No.: **EB629806749US**  
Attorney Docket: 10105.002

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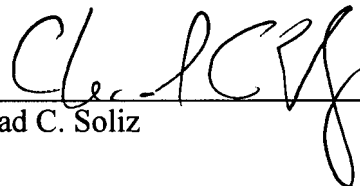
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Dated this 24 day of August, 2007.

  
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Chad C. Soliz





Express Mail No.: EB 62980674945

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